

COLUMBUS NURSING & REHABILITATION CENTER  
825 WESTERN AVENUE

COLUMBUS 53925 Phone: (920) 623-2520  
Operated from 1/1 To 12/31 Days of Operation: 365  
Operate in Conjunction with Hospital? No  
Number of Beds Set Up and Staffed (12/31/03): 97  
Total Licensed Bed Capacity (12/31/03): 97  
Number of Residents on 12/31/03: 82

Ownership: Limited Liability Company  
Highest Level License: Skilled  
Operate in Conjunction with CBRF? No  
Title 18 (Medicare) Certified? Yes  
Title 19 (Medicaid) Certified? Yes  
Average Daily Census: 85

Services Provided to Non-Residents		Age, Gender, and Primary Diagnosis of Residents (12/31/03)				Length of Stay (12/31/03)		%
Home Health Care	No	Primary Diagnosis	%	Age Groups	%	Less Than 1 Year		18.3
Supp. Home Care-Personal Care	No					1 - 4 Years		50.0
Supp. Home Care-Household Services	No	Developmental Disabilities	0.0	Under 65	6.1	More Than 4 Years		26.8
Day Services	No	Mental Illness (Org./Psy)	34.1	65 - 74	9.8			-----
Respite Care	Yes	Mental Illness (Other)	1.2	75 - 84	32.9			95.1
Adult Day Care	No	Alcohol & Other Drug Abuse	0.0	85 - 94	43.9	*****		
Adult Day Health Care	No	Para-, Quadra-, Hemiplegic	3.7	95 & Over	7.3	Full-Time Equivalent		
Congregate Meals	No	Cancer	2.4		-----	Nursing Staff per 100 Residents		
Home Delivered Meals	No	Fractures	0.0		100.0	(12/31/03)		
Other Meals	No	Cardiovascular	15.9	65 & Over	93.9	-----		
Transportation	No	Cerebrovascular	2.4		-----	RNs		10.4
Referral Service	No	Diabetes	15.9	Gender	%	LPNs		16.1
Other Services	Yes	Respiratory	1.2		-----	Nursing Assistants,		
Provide Day Programming for		Other Medical Conditions	23.2	Male	30.5	Aides, & Orderlies		
Mentally Ill	No		-----	Female	69.5			
Provide Day Programming for			100.0		-----			
Developmentally Disabled	No				100.0			

\*\*\*\*\*

#### Method of Reimbursement

		Medicare (Title 18)			Medicaid (Title 19)			Other			Private Pay			Family Care			Managed Care				
Level of Care	No.	%	Per Diem (\$)	No.	%	Per Diem (\$)	No.	%	Per Diem (\$)	No.	%	Per Diem (\$)	No.	%	Per Diem (\$)	No.	%	Per Diem (\$)	Total Resi- dents	% Of All	
Int. Skilled Care	0	0.0	0	2	2.7	132	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	2	2.4	
Skilled Care	3	100.0	320	70	95.9	114	0	0.0	0	6	100.0	178	0	0.0	0	0	0.0	0	79	96.3	
Intermediate	---	---	---	1	1.4	95	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	1	1.2	
Limited Care	---	---	---	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	
Personal Care	---	---	---	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	
Residential Care	---	---	---	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	
Dev. Disabled	---	---	---	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	
Traumatic Brain Inj	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	
Ventilator-Dependent	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	
Total	3	100.0		73	100.0		0	0.0		6	100.0		0	0.0		0	0.0		82	100.0	

*****						
Admissions, Discharges, and Deaths During Reporting Period		Percent Distribution of Residents' Conditions, Services, and Activities as of 12/31/03				
		-----				
Percent Admissions from:		Activities of	%	% Needing Assistance of	% Totally	Total Number of
		Daily Living (ADL)	Independent	One Or Two Staff	Dependent	Residents
Private Home/No Home Health	6.0	Bathing	14.6	45.1	40.2	82
Private Home/With Home Health	0.0	Dressing	19.5	43.9	36.6	82
Other Nursing Homes	3.0	Transferring	29.3	39.0	31.7	82
Acute Care Hospitals	88.1	Toilet Use	34.1	31.7	34.1	82
Psych. Hosp.-MR/DD Facilities	0.0	Eating	54.9	26.8	18.3	82
Rehabilitation Hospitals	1.5	*****				
Other Locations	1.5					
Total Number of Admissions	67	Continence	%	Special Treatments	%	
Percent Discharges To:		Indwelling Or External Catheter	11.0	Receiving Respiratory Care	9.8	
Private Home/No Home Health	13.2	Occ/Freq. Incontinent of Bladder	74.4	Receiving Tracheostomy Care	1.2	
Private Home/With Home Health	32.4	Occ/Freq. Incontinent of Bowel	53.7	Receiving Suctioning	1.2	
Other Nursing Homes	0.0			Receiving Ostomy Care	1.2	
Acute Care Hospitals	16.2	Mobility		Receiving Tube Feeding	2.4	
Psych. Hosp.-MR/DD Facilities	0.0	Physically Restrained	7.3	Receiving Mechanically Altered Diets	45.1	
Rehabilitation Hospitals	0.0					
Other Locations	5.9	Skin Care		Other Resident Characteristics		
Deaths	32.4	With Pressure Sores	3.7	Have Advance Directives	68.3	
Total Number of Discharges		With Rashes	6.1	Medications		
(Including Deaths)	68			Receiving Psychoactive Drugs	78.0	

\*\*\*\*\*  
Selected Statistics: This Facility Compared to All Similar Urban Area Facilities & Compared to All Facilities

*****									
	This Facility %	Ownership: Proprietary Peer Group %	Ratio	Bed Size: 50-99 Peer Group %	Ratio	Licensure: Skilled Peer Group %	Ratio	All Facilities %	Ratio
Occupancy Rate: Average Daily Census/Licensed Beds	87.2	84.6	1.03	88.0	0.99	88.1	0.99	87.4	1.00
Current Residents from In-County	53.7	75.5	0.71	72.9	0.74	69.7	0.77	76.7	0.70
Admissions from In-County, Still Residing	16.4	18.9	0.87	20.1	0.82	21.4	0.77	19.6	0.84
Admissions/Average Daily Census	78.8	152.9	0.52	129.5	0.61	109.6	0.72	141.3	0.56
Discharges/Average Daily Census	80.0	154.8	0.52	130.3	0.61	111.3	0.72	142.5	0.56
Discharges To Private Residence/Average Daily Census	36.5	63.8	0.57	52.2	0.70	42.9	0.85	61.6	0.59
Residents Receiving Skilled Care	98.8	94.6	1.04	93.7	1.05	92.4	1.07	88.1	1.12
Residents Aged 65 and Older	93.9	93.7	1.00	94.2	1.00	93.1	1.01	87.8	1.07
Title 19 (Medicaid) Funded Residents	89.0	66.0	1.35	66.3	1.34	68.8	1.29	65.9	1.35
Private Pay Funded Residents	7.3	19.0	0.38	21.6	0.34	20.5	0.36	21.0	0.35
Developmentally Disabled Residents	0.0	0.5	0.00	0.5	0.00	0.5	0.00	6.5	0.00
Mentally Ill Residents	35.4	31.3	1.13	36.2	0.98	38.2	0.93	33.6	1.05
General Medical Service Residents	23.2	23.7	0.98	21.5	1.08	21.9	1.06	20.6	1.13
Impaired ADL (Mean)	51.0	48.4	1.05	48.4	1.05	48.0	1.06	49.4	1.03
Psychological Problems	78.0	50.1	1.56	53.4	1.46	54.9	1.42	57.4	1.36
Nursing Care Required (Mean)	8.8	6.6	1.35	6.9	1.28	7.3	1.22	7.3	1.21